

ONLINE TRANSFER CLAIM FORM [FORM 13 (REVISED)]

(Tracking ID: 10055982140805002)

Claim Date: 30/10/2024

EMPLOYEES' PROVIDENT FUND SCHEME, 1952

(PARA 57)

(This form has been printed on the basis of Online Transfer Claim Form filled up by the member under Unified Portal for submission to the employer.)

To,

The Regional P.F. Commissioner,

BANDRA(MUMBAI-I),

341, Bhavishya Nidhi Bhawan Bandra (East), Mumbai

Sir,

I request that my Provident Fund balance along with my Pension Service Details may please be transferred to my present account under intimation to me. My details are as under:

PART A: PERSONAL

1. Name : D BASKER

2. Mobile Number : 9566103858

3. E-mail id : NIRANJAN.BASKI@GMAIL.COM

4. Bank Account Number : 117410100002193

5. Bank IFSC : UBIN0811742

PART B: DETAILS OF PREVIOUS PF ACCOUNTS (WHICH IS TO BE TRANSFERRED)

1. PF Account No. (with EPFO : MHBAN00484750000982382

2. Name of the Establishment : TATA CONSULTANCY SERVICES LIMITED

3. Address of the Establishment : 11TH FLOOR, AIR INDIA BUILDING NARIMAN POINT MUMBAI 599

4. PF A/C No. held by : TRUST

5. Name of the Trust : TATA CONSULTANCY SERVICES EMPLOYEES PROVIDENT FUND

6. PF A/C No. in Trust : MHBAN00484750000982382

7. Bank A/C No. of Trust : 00601110003419

8. IFS Code of the Bank Branch of

Trust where account is : HDFC0000060

9. Member's Name : D BASKER

10. Date of Birth : 21/12/1992

11. Father's/Spouse Name : DEVENDRAN M

12. Relationship : FATHER

13. Date of joining : 02/08/2017

14. Date of leaving : 06/09/2024

PART C: DETAILS OF PRESENT PF

1. PF Account No. (with EPFO : TNMAS00313090002132721

2. Name of the Establishment : COGNIZANT TECHNOLOGY SOLUTIONS INDIA PRIVATE LIMITED

3. Address of the Establishment : 5/535 OLD MAHABALIPURAM ROAD OKKIYAM THORAIPAKKAM CHENNAI

KANCHEEPURAM

4. PF A/C No. held by : RO CHENNAI

5. Name of the Trust : NOT APPLICABLE

6. PF A/C No. in Trust : NOT APPLICABLE

7. Bank A/C No. of Trust : NOT APPLICABLE

8. IFS Code of the Bank Branch of

Trust where account is : NOT APPLICABLE

9. Member's Name : D BASKER

10. Date of Birth : 21/12/1992

11. Father's/Spouse Name : DEVENDRAN M

12. Relationship : FATHER

13. Date of joining : 10/09/2024

I, Certify that all the information given above are true to the best of my knowledge and I have ensured the correctness of my present and previous account numbers.

Signature of the member

Note: Member should take a printout of this form and a signed copy of the same should be submitted to the Previous Establishment i.e. TATA CONSULTANCY SERVICES LIMITED